

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024191

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3458  
FILED JUL 5 1963

VS 300  
Rev. 4/59

1  
2 1035

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

DATE AMENDED

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY VERNON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 3 WKS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		d. STREET ADDRESS (If outside, give location) 324 N. WASHINGTON	
3. NAME OF DECEASED (Type or print) First Middle Last LAURA J. BREWER		4. DATE OF DEATH Month Day Year 6-17-1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-30-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) NEVADA, MISSOURI
13a. FATHER'S NAME MACHIN T. JANUARY		14. NAME OF HUSBAND OR WIFE HARRY BREWER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) NO		17. INFORMANT 96 JACK BREWER	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hematoma		INTERVAL BETWEEN ONSET AND DEATH 24 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Coronary Sclerosis; Arteriosclerosis, generalized.			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year 5-24-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-13-62 to 6-17-63 and last saw her alive on 6-17-63. Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE P. Byers (Degree or title)		22b. ADDRESS 4370 Wornall Rd. K.C. 11, Mo.	
22c. DATE SIGNED 6/18/63		22d. DATE RECD. BY LOCAL REG. 6-20-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-20-63	
23c. NAME OF CEMETERY OR CREMATORY DEEPWOOD CEM.		23d. LOCATION (City, town, or county) NEVADA, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS WORNALL FUNERAL HOME INC.		25. REGISTRAR'S SIGNATURE Ruth H. Long	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Hubert B. Baird*

Licensed Embalmer No.

4888

P. O. Address

PC 24, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.